TOXIC GASTRITIS.

DR. A. H. PILLIET has made use of rabbits in studying the effects of essence of absinthe, of tansy, of juniper, of cloves, of meadow sweet (*spiræa ulmaria*) alone, and with olive oil and chloral. The appearances found varied from slight desquamation of the epithelium to complete loss of the mucous structures down to the muscular tissues. These substances, especially the volatile oils so frequently used in bitters, possess very slight caustic properties, yet give rise to serious anatomical changes in the stomach.—*Revue de Médecine*, 1895, No. 2, p. 105.

RECTAL ALIMENTATION.

DR. GUSTAV SINGER states that the conditions which demand absolute rectal alimentation, with complete rest of the stomach, are hæmatemesis in gastric ulcer, dilatation of the stomach, chronic relapsing gastric ulcer, and a series of neuroses of the stomach; to wit, hyperæsthesia of the gastric mucous membrane, vomiting of the neurasthenics and hysterics, and the excessive vomiting of pregnancy. After operation upon the intestinal tract, extirpation of the pylorus, gastro-enterostomy, and resection of the small intestine, it is also indicated.—*Centralblatt für die Gesammte Therapie*, 1895, iii. Heft, S. 129.

POTASSIUM PERMANGANATE.

DR. JAMES STRATTON CARPENTER reports a single instance in which he successfully used this drug as an antidote to morphine. An eleven-months' infant, showing profound opium-narcosis, received an injection of five drops of the saturated solution in the outside of the thigh. An abscess followed the injection.—*Therapeutic Gazette*, 1895, No. 3, p. 162.

MEDICINE.

UNDER THE CHARGE OF

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THE EXCRETION OF SODIUM CHLORIDE IN FEVERS.

VON TERRAY (*Zeitschrift für klin. Med.*, Bd. xxvi. p. 346) has made some observations on the excretion of sodium chloride in acute fevers, which add to our knowledge of that subject. On the whole, they confirm the early work of Salkowski, but differ in some respects; and as Von Terray controlled the ingestion of the salt in his cases the investigations are to that extent more accurate. Some of the conclusions reached are as follows: In pneumonia of all kinds NaCl is retained in increasing amounts up to the height of the disease. After crisis excretion gradually increases up to the tenth day, when the normal amount is reached, and for a few days more exceeded. Corresponding to the increased amount of salt there is an increased excretion of water from the second or third day after crisis. The affected lung in croupous pneumonia contains more NaCl than the healthy one in the proportion of three to one. The amount of NaCl in the sputum and perspiration is too small to play a part in the retention. The older theories and experiments do not explain the retention of salt in fever. It is probable that the retention of water is the cause, the water holding in solution NaCl to about the proportion in physiological salt solution. In typhoid fever NaCl is retained until almost complete disappearance of fever. Here, too, there is a corresponding retention of water. In malaria the behavior of NaCl is just the opposite to that in pneumonia and typhoid. On the days with fever more salt is excreted than is ingested, whereas there is retention on the afebrile days. The excretion of phosphates is directly the contrary of this, but less water is excreted on the days of the intermission. The unusual excretion in malaria is due to the increased destruction of red blood-corpuscles, which is shown by an increased amount of urobilin in the urine and feces. During the intermission retention of NaCl favors the restitution of blood-corpuscles. The absorption of NaCl in all the cases was normal.

THE OCCURRENCE OF SULPHURETTED HYDROGEN IN DISEASES OF THE STOMACH.

BOAS gives a valuable summary of this subject, based on his large experience. (*Centralblatt für innere Medicin*, 1895, No. 3. See abstract of article by Dr. Zawadzki, AMERICAN JOURNAL OF THE MEDICAL SCIENCES, May, 1895.) He finds that H_2S occurs very frequently in the stomach-contents in cases of benign dilatation, but rarely or never in cancer of the stomach. Boas had shown in an earlier article that the production of H_2S could take place even in the presence of large proportions of hydrochloric acid, as the observations of Zawadzki demonstrate, and he goes even farther now, and holds that the production of the gas is absolutely independent of the acid, and can take place in the presence of either a large or small proportion of the latter. The kind of food has an important bearing on the production, although its precise relations are not known. There is an important antagonism between the formation of H_2S and that of lactic acid, and Boas has never found these substances present together in the same case. This fact, with some allied ones, forms a striking difference between the gastric contents in simple and in malignant retention. In the former, gaseous fermentation, with the production of hydrogen, marsh-gas, carbonic acid, nitrogen, and H_2S predominate. In the latter, gaseous fermentation is absent almost always, even in the later stages; but lactic acid, absent in benign cases, is present. In the benign cases sarcines are almost always present; in malignant cases usually absent. Finally, in malignant cases filamentous bacilli, to which too little attention has been paid, are present, though absent